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Telephone Douglas 62

Editors GEORGE H. KRESS
EMMA W. POPE
Associate Editor for Nevada HORACE J. BROWN
Associate Editor for Utah J. U. GIESY

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EDITORIALS

A PRACTICAL APPROACH TO REQUIREMENTS FOR THE M. D. DEGREE

In recent years, very considerable discussion has taken place concerning the time and expense involved in securing the degree of M. D. from a Class A medical school.

From the hodgepodge requirements existing prior to the 1909 Flexner and Carnegie Institution reports, our American medical schools jumped to almost the opposite extreme. The jump to idealistic standards would not have been so important to us today, except for the fact that in one state after the other, leaders in our profession made portions of these idealistic medical school education requirements a part of their respective state medical practice laws. Most of the states, as they brought these newer standards into operation, gave themselves additional gratification in their legislative enactments by refusing reciprocity to medical graduates coming from states where equally high idealistic paper and legal standards did not obtain.

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One of the consequences of these newer standards of medical education, which have been put in operation during the last two decades, has been the replacement of the former lesser standard, quite decent and reputable nonsectarian medical schools of the period before the Flexner report, by out-and-out absolutely low standard cultist schools of the healing art. Therefore, so far as public health interests are concerned, there are probably today more practitioners of the healing art (when graduates of both nonsectarian and

sectarian schools of healing are included) than would have come from the nonsectarian schools alone under the system antedating the Flexner report.

It likewise follows that it is questionable whether lay citizens, all classes included, by and large, are getting as safe and as efficient treatment as would have been placed at their service under the old system with its natural developmental improvements. However, our nonsectarian medical school housecleaning was carried on and through in vigorous fashion, and being a thing of the past, it is useless to indulge in much idle speculation thereon. The problems now facing us are: to consider the defects existing in the newer system now in vogue, and to determine how some of these may best be remedied.

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It may be stated that a large number of members of our profession, both in and out of our medical school faculties, were not carried off their feet by the full four years liberal arts undergraduate degree requirement as a very necessary provision in a high standard medical education. Many of these physicians have held from the beginning that a four years high school education, with two years of preliminary liberal arts work in the basic premedical sciences and a four-year medical school training, was an ample average and fair theoretical requirement for the M. D. degree, and a good qualification for eligibility to take an examination for medical licensure.

Many of these colleagues who held to that viewpoint, also believed that the two years thus saved from the four-year college or liberal arts course, could be very well added to the one-year compulsory internship now required, so that the theoretical training would be fortified by a three years internship or clinical or postgraduate practical training at the bedside. Many physicians in practice who have held viewpoints akin to those just indicated have felt that such a system would produce physicians and surgeons measuring up as well or better than those produced under the four-year liberal arts premedical—with only one year internship, system.

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A very interesting article presenting some illuminating facts and opinions, and dealing with this subject, is to be found in the *Journal American Medical Association* of June 2, 1928, page 1812. It comes from a faculty member of the newly established medical school of Duke University at Durham, N. C. The article is by W. C. Davidson, M. D., and has suggestive value for all who are interested in standards of medical education. It is our own belief that the next few years will witness a considerable, organized effort to bring into being in a number of states of the Union what might be called this program of the Duke University School of Medicine.

The standards laid down by Doctor Davidson are common sense, practical standards, capable of producing as good or better graduates than are produced today, and capable of giving as good or better service to the laity. It is to be remembered,

that in the last analysis, it is high standard efficient service to the people that is of most importance to both the best interests of the state and to our profession.

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The subject of medical standards and licensure should have a very live interest to Californians in the next year or two, because the new Professional Standards Department which the 1929 legislature will probably bring into existence, will necessitate close observation of the workings of our Medical Practice Act. A perusal of the article by Davidson will aid us all in our future discussions on policies which should be followed and actions which should be taken.

MARTYRS TO SCIENCE AND THE WORLD'S WELFARE—NOGUCHI ENTERS THE ETERNAL HALL OF FAME

Theodore Roosevelt in a White House letter to Congress in the year 1906, inclosing papers bearing on the yellow fever commission of the United States Army Medical Corps stated: "Major Reed's part in the experiments which resulted in teaching us how to cope with yellow fever was such as to render mankind his debtor, and this nation should bear witness to this fact."

These same thoughts with minor changes could be used in reference to to Jesse M. Lazear, Adrian Stokes, Hideyo Noguchi and the other great hearts and minds of our profession, who have laid down their lives in order to do service for their fellow men, by helping to add new knowledge which would aid the world in ridding itself of the yellow fever scourge.

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It is an heroic story, that of the career of the late Walter Reed, a graduate in medicine from the University of Virginia in 1869, entering the army medical corps in 1875, then for fifteen years in army posts in Arizona and the West, studying bacteriology at Johns Hopkins during one of his assignments at Baltimore, head of the typhoid fever commission of the Spanish American War, and later head of the yellow fever commission under General Leonard Wood at Havana, Cuba.

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In the 1911 government report on yellow fever, above referred to, appears this sentence, "On September 13, 1900, Doctor Lazear, while on a visit to Las Animas Hospital, Cuba (for the purpose of collecting blood from yellow-fever patients for study) was bitten by a mosquito of undetermined species, which he deliberately allowed to remain on the back of his hand until it had satisfied its hunger. Five days thereafter he came down, without other exposure, with yellow fever, which progressed steadily to a fatal termination."

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The Rockefeller Foundation Report of 1927, by its president, George E. Vincent, and recently off the press, mentions an Irish doctor, Adrian Stokes, professor of pathology at Guy's Hospital,

London, whom the Foundation sent to the West Coast of Africa to study the yellow fever of that continent. "He plunged into research eagerly, going long distances to find severe cases of fever, gathering deadly virus, inoculating agile and vicious monkeys, putting them into cages to be bitten by mosquitoes, confining these infected insects. All these dangerous things he did with the enthusiasm and ardor of a true sportsman. . . . But it was not to come to him. Suddenly, on September 15, Adrian Stokes fell ill. He was taken to the hospital at Lagos. The symptoms were those of yellow fever. He knew he had the disease and thought first of his research. He insisted that specimens of his blood be taken and that mosquitoes be allowed to bite him. At first there was some hope that he might rally, but it was not to be. On the fourth day he died from a typical attack of the disease whose secrets he had so bravely sought. He was buried in the English Cemetery at Lagos."

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And now comes Hideyo Noguchi of the Rockefeller Institute for Medical Research, for many years, because of his notable researches so well known in medicine and science, who likewise as a member of a commission to study African yellow fever, has fallen a victim to that disease. The press dispatches gave but meager accounts of his death at Accra, West Africa. "Recently he wrote to New York friends that he had been stricken with African yellow fever and had been in an African hospital from December 28, 1927, to January 9, last. Doctor Noguchi said his own was the first case of the particular disease to come under observation. From his bed he had directed the inoculation of a monkey with some of his own infected blood. The animal died twelve days later. Additional experimentation, his letter stated, disclosed the micro-organism responsible for the disease."

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The world at large may well be grateful that from time to time it produces men such as these and such as those who have been associated with them. The altruistic efforts of such medical colleagues to make this earthly planet a safer and better place as a habitation for man are too often paid for in a fearful health or even life price.

The lay world may justly give expression to its verbal and written appreciation for services so unselfish and noble, and before the deeds of such medical martyrs are forgotten, may well ask itself what material evidence it could bring into being, to commemorate the work and sacrifice of such outstanding examples of the human race.

In the hearts of members of the medical profession, is gratitude that men of such altruistic and heroic build belong to this guild of the healing art. It is an inspiration to every true physician to carry on, no matter how humbly, in emulation of this spirit to serve, and willingness to pay the sacrifice, to the end that our world may be made better and safer for all its inhabitants in the days to come.